## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 586124 APPLICANT(S)

FILING DATE

**CLAIMS** 

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT			
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TOTAL DEP.		<b>(-</b>	3	<b>(-</b>		<b>+</b>		
TOTAL CLAIMS		i e e	Ч					
						THE R. P. LEWIS CO., LANSING, MICH.		

PTO - 1360 (REV. 11/04)

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TOTAL CLAIMS			<b>←</b> [	J	<b>+</b>		<b>4</b>

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